

Health Communication / Public Information Intervention Report Form

Name of Contracting Agency:		
Intervention Name:		
Event start date: (if continuous, put begin date for report period)		Event end date: (if continuous, put end date for report period)
Delivery Method (chose all that apply)	Outputs <i>complete for each delivery method reported</i>	Activity/Key Message
<input type="checkbox"/> In person	Total number of <i>presentations, health fairs</i> ect. from attached HC/PI log sheet(s):	Attach a Session Activity Report for each unique presentation/health fair.
<input type="checkbox"/> Internet	Number of email messages sent: Number of Website hits: Web address:	Key Message:
<input type="checkbox"/> Printed materials- magazines/newspapers (Attach copy of ads/articles)	Number of ads/articles produced: Number of times printed: Estimated number of persons exposed to material:	Key Message:
<input type="checkbox"/> Printed materials- pamphlets/brochures	Number of pamphlets produced: and/or Number of pamphlets distributed: and/or Number of direct mailings:	Key Message:
<input type="checkbox"/> Printed materials- posters/billboards (Attach copy or picture)	Estimated number of persons exposed to message:	Key Message:
<input type="checkbox"/> Telephone	Total number of text messages: Number of persons receiving texts:	
<input type="checkbox"/> Radio <input type="checkbox"/> Television	Number of times aired: Estimated number of persons exposed to message:	Key Message:
<input type="checkbox"/> Video	Number of times shown:	Name of Video:
<input type="checkbox"/> Other	Specify:	